Varicella Surveillance Worksheet

NAME (Last, First) | Hospital Record No.

Address (Street and No.) | City | County | Zip | Phone

Reporting Physician/Nurse/Hospital/Clinic/Lab | Address | Phone

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Varicella Surveillance Worksheet

County | State | Zip

Birth Date (Month, Day, Year) | **Age** (Unk = 999) | **Age Type**: 0 = 0-120 years, 1 = 0-11 months, 2 = 0-52 weeks, 3 = 0-28 days, 9 = Age unknown | **Ethnicity**: H = Hispanic, N = Not Hispanic, U = Unknown | **Race**: N = Native Amer./Alaskan Native, A = Asian/Pacific Islander, B = African American, W = White, O = Other, U = Unknown | **Sex**: M = Male, F = Female, U = Unknown

Event Date (Month, Day, Year) | **Event Type**: 1 = Onset Date, 2 = Diagnosis Date, 3 = Lab Test Date, 4 = Reported to County, 5 = Reported to State or MMWR Report Date, 9 = Unknown | **Outbreak Associated** | **Reported** (Month, Day, Year) | **Imported**: 1 = Indigenous, 2 = International, 3 = Out of State, 9 = Unknown | **Report Status**: 1 = Confirmed, 2 = Probable, 3 = Suspect, 9 = Unknown

CLINICAL DATA

Any Rash? (Y = Yes, N = No, U = Unknown) | **Rash Onset** (Month, Day, Year) | **Rash Duration** (0 - 30 Days, 99 = Unknown)

Rash Type: G = Generalized, L = Localized/dermatomal, U = Unknown

Immunocompromised? (Y = Yes, N = No, U = Unknown)

Fever? (Y = Yes, N = No, U = Unknown) | **If Recorded, Highest Measured Temp.** (38.0 - 110.0 Degrees, 999.9 = Unknown) | **Fever Duration** (0 - 30 Days, 99 = Unknown)

Lesion Severity
1 = mild: few scattered lesions on the body
2 = moderate: number of lesions between mild and severe
3 = severe: lesions numerous enough to almost touch, or normal skin is difficult to see between lesions

COMPLICATIONS

Pneumonia? (Y = Yes, N = No, U = Unknown)

Encephalitis? (Y = Yes, N = No, U = Unknown)

Cerebellar Ataxia? (Y = Yes, N = No, U = Unknown)

Skin Infection? (Y = Yes, N = No, U = Unknown)

Other Secondary Infection? (Y = Yes, N = No, U = Unknown)

Thrombocytopenia? (Y = Yes, N = No, U = Unknown)

Other Complications? (Y = Yes, N = No, U = Unknown) | **If Yes, Please Specify:**

Hospitalized? (Y = Yes, N = No, U = Unknown) | **Days Hospitalized** (0 - 998, 999 - Unknown)

Outpatient Care for Varicella? (Y = Yes, N = No, U = Unknown)

Died? (Y = Yes, N = No, U = Unknown) | **Date of Death** (Month, Day, Year)

Autopsy Performed? (Y = Yes, N = No, U = Unknown) | **Cause of Death:**

LABORATORY

Was Laboratory Testing For Varicella Done? (Y = Yes, N = No, U = Unknown)

Date IgM Specimen Taken* (Month, Day, Year) | **Result**: P = Positive, N = Negative, I = Indeterminate, E = Pending, X = Not Done, U = Unknown

*Not currently recommended for case investigation

Date IgG Specimen Taken (Month, Day, Year) | **Result**

Acute

Convalescent

Result Codes: P = Significant Rise in IgG, N = No Significant Rise in IgG, E = Pending, X = Not Done, I = Indeterminate, U = Unknown

Other Lab Result: P = Positive, N = Negative, I = Indeterminate, E = Pending, X = Not Done, U = Unknown | **Specify Other Lab Method:**

VACCINE HISTORY

Vaccinated? (Received varicella-containing vaccine?) (Y = Yes, N = No, U = Unknown)

If Not Vaccinated, What Was The Reason?
1 = Religious Exemption
2 = Medical Contraindication
3 = Philosophical Objection
4 = Lab. Evidence of Previous Disease
5 = MD Diagnosis of Previous Disease
6 = Under Age For Vaccination
7 = Parental Refusal
8 = Other
9 = Unknown

Vaccination Date (Month, Day, Year)	Vaccine Type	Vaccine Manuf.	Lot Number

Vaccine Type Codes: V = Varivax, O = Other, U = Unknown

Vaccine Manuf. Codes: M = Merck, O = Other, U = Unknown

Number of doses received ON or AFTER 1st birthday

EPIDEMIOLOGIC INFORMATION

Date First Reported to a Health Department (Month, Day, Year)

Date Case Investigation Started (Month, Day, Year)

Transmission Setting (Where did this case acquire measles?)
1 = Day Care
2 = School
3 = Doctor's Office
4 = Hospital Ward
5 = Hospital ER
6 = Hospital Outpatient Clinic
7 = Home
8 = Work
9 = Unknown
10 = College
11 = Military
12 = Correctional Facility
13 = Church
14 = International Travel
15 = Other

Outbreak Related? (Y = Yes, N = No, U = Unknown) | **If Yes, Outbreak Name**

Were Age and Setting Verified? (Is age appropriate for setting, i.e. under 18 and in school, etc.) (Y = Yes, N = No, U = Unknown)

If Transmission Setting Not Among Those Listed And Known, What Was The Transmission Setting?

Source of Exposure For Current Case
Enter State ID if source was an in-state case
Enter Country if source was out of USA
Enter State if source was out-of-state

Epi-Linked to Another Confirmed or Probable Case? (Y = Yes, N = No, U = Unknown)

Note: This form has 2 sides

Contact Information: (for state/local health department use)

Mother's Name	Father's Name
Phone	

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PREGNANT WOMEN

Was The Case Pregnant?
☐ Y = Yes
N = No
U = Unknown

Number of Weeks Gestation (or Trimester) at Onset of Illness
☐☐☐
1st = First Trimester
2nd = Second Trimester
3rd = Third Trimester
OR
1 = 1 Week
2 = 2 Weeks
3 = 3 Weeks
. . . .
. . . .
(etc. – continue up to 45 weeks)

Prior Evidence of Serological Immunity?
☐ Y = Yes
N = No
U = Unknown

Year of Test ☐☐☐☐ 1940 - 2010

OR

Age of Patient at Time of Test ☐☐ 99 = Unknown

Was Previous Varicella Serologically Confirmed?
☐ Y = Yes
N = No
U = Unknown

Year of Disease ☐☐☐☐ 1940 - 2010

OR

Age of Patient at Time of Disease ☐☐ 99 = Unknown

Notes/Comments: